2010 The Boss Way, P.O. Box 787, Iron Mountain, MI 49801
Phone: 906.776.3575 | Fax: 906.779.4218

Application for Employment

Date_____/_____/_____

Personal Information

Name_____
Last First Middle

Address_____
Street City State Zip

Home Phone (_____)_____ Mobile / Other Phone (_____)_____ Email_____

Are you a U.S. citizen or do you have the legal right to remain in the U.S., and are you authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation)

❑ Yes ❑ No

If under 18, can you furnish a work permit if requested?

❑ Yes ❑ No

Employment Desired

Office Position(s) applied for_____

Production Position(s) applied for:

Please see website (http://www.northernstarind.com/employment) for job descriptions.

❑ Machine Operator ❑ Painter
❑ Production Assembler ❑ Welder

Type of employment desired:

❑ Full-Time ❑ Flexible/Seasonal ❑ Internship/Co-Op

How did you hear about this position?

❑ Walk-in ❑ Friend/Employee ❑ Advertisement ❑ Company Website ❑School ❑Job Fair

❑ Recruiting Agency ❑ Family Member ❑Other_____

Have you ever applied for employment here, or been employed here before?

❑ Yes ❑ No

If applied previously, please provide date(s), position(s), and name (if different)_____

_____

If previously employed here, From_____/_____/_____ To_____/_____/_____

If the position requires it, are you willing to work overtime?

❑ Yes ❑ No

What date can you start?_____/_____/_____

What is your desired salary or hourly rate of pay? $_____ Per_____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

This question is not to elicit information about any disabilities you may have. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed later to the extent permitted by law.

❑ Yes ❑ No ❑ Need more information about the job's "essential duties" to respond

Previous Employment History (list most recent employment first)

Employer | Phone ( ) | From Month / Year To Month / Year

Address | Starting Position

Name / Title of Immediate Supervisor | May we Contact? ❑ Yes ❑ No | Starting Pay $ per

Responsibilities | Commission/Bonus/Other Compensation $

Reason for leaving | Final Position

What did you like most about your position or employer? | Final Pay $ per

What did you like least about your position or employer? | Commission/Bonus/Other Compensation $

Employer | Phone ( ) | From Month / Year To Month / Year

Address | Starting Position

Name / Title of Immediate Supervisor | May we Contact? ❑ Yes ❑ No | Starting Pay $ per

Responsibilities | Commission/Bonus/Other Compensation $

Reason for leaving | Final Position

What did you like most about your position or employer? | Final Pay $ per

What did you like least about your position or employer? | Commission/Bonus/Other Compensation $

Employer | Phone ( ) | From Month / Year To Month / Year

Address | Starting Position

Name / Title of Immediate Supervisor | May we Contact? ❑ Yes ❑ No | Starting Pay $ per

Responsibilities | Commission/Bonus/Other Compensation $

Reason for leaving | Final Position

What did you like most about your position or employer? | Final Pay $ per

What did you like least about your position or employer? | Commission/Bonus/Other Compensation $

Explain gaps in your employment, except those due to disability, injury, or personal illness.

Education

School	Years Completed	Degree	GPA/ Class Rank	Major/Minor
Name Address		❑ Diploma/GED ❑ Degree ❑ Certification ❑ Other		
Name Address		❑ Diploma/GED ❑ Degree ❑ Certification ❑ Other		
Name Address		❑ Diploma/GED ❑ Degree ❑ Certification ❑ Other		
Name Address		❑ Diploma/GED ❑ Degree ❑ Certification ❑ Other		

Skills and Qualifications

List special training, skills, licenses, or certifications pertinent to the position for which you are applying._____

_____

_____

List your computer and/or software skills: (check appropriate boxes and include software titles and years of experience)

❑ Microsoft Office_____ Years_____ ❑ CAD or Design_____ Years_____

❑ Other_____ Years_____ ❑ Other_____ Years_____

Other

Please list organizations (professional, trade, etc.) that you belong to which are pertinent to the position you are applying for

Do not include memberships that would reveal religion, sex, sexual preference, race, color, national origin, country of citizenship, your age, mental or physical disabilities, veteran/reserve, National Guard, or any other protected status

_____

_____

List accomplishments, publications, awards, etc. pertinent to the position you are applying for

Do not include memberships that would reveal religion, sex, sexual preference, race, color, national origin, country of citizenship, your age, mental or physical disabilities, veteran/reserve, National Guard, or any other protected status

_____

_____

In your current or a prior job, have you ever written or developed instructions or directions to be followed by employees or customers?

❑ Yes ❑ No ❑ Not Applicable

If **Yes**, please explain_____

_____

Is there any other job-related information you want us to know about you?_____

_____

Other (continued)

Do you use any tobacco products?

❑ Yes ❑ No

Have you ever pled no contest or guilty to, or been convicted of any crime, felony or misdemeanor, or do you currently have a felony charge pending against you?

Answering yes does not necessarily result in being barred from employment. Other factors, for example: the seriousness and nature of the violation, when it occurred, demonstrated rehabilitation, and the position applied for will be taken into consideration.

❑ Yes ❑ No

If **Yes**, please provide date(s) and details_____

_____

References

Name	Title	Relationship to You	Phone #	Number of Years Known
			( )	
			( )	
			( )	

Applicant and Application Statement

My signature certifies that all the information I provided to apply for and secure work is true, complete and correct.

If accepted for employment, I hereby agree to comply with all rules and regulations, to perform all assigned duties to the best of my ability, and to assume all responsibility for company property entrusted to my care.

Furthermore, I authorize with no reservation, the employer, its agents, representatives, or employees to contact and gather information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or in a resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agencies, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for providing such information about me.

I understand this employer does not unlawfully discriminate in employment and no inquiry or question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand this application remains current for 30 days, and at the conclusion of 30 days if I have not heard back from the employer and still desire to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from employment, whenever discovered.

Finally, in consideration of my employment and any wages, salary or other remuneration paid to me by the company, I agree not to communicate or disclose to any person, not employed by the company, any proprietary knowledge, confidential information or trade secrets acquired by me during my association with the company and that the company shall have full title to every invention, discovery, or improvement conceived or delivered by me during my employment, and I agree, if requested, to execute such instrument and assignments as may be necessary to enable the company to obtain letters or patent thereon in the U.S. and elsewhere.

I certify that I have read, completely understand, & accept all terms of the foregoing Applicant and Application Statement.

Signature of Applicant_____ Date____/____/_____